## PATENT APPLICATION FEE DETERMINATION RECORD

| Application or | Docket | Number |
|----------------|--------|--------|
|----------------|--------|--------|

| Effective December 8, 2004   |  |   |   |   |                               |                               |                   |              | 10/5                   | 95                           | 828              |                        |
|--|--|---|---|---|-------------------------------|-------------------------------|-------------------|--------------|------------------------|------------------------------|------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |   |   |                               |                               | SMALL ENTITY TYPE |              |                        | OTHER THAN<br>R SMALL ENTITY |                  |                        |
| U.S. NATIONAL STAGE FEES   |  |   |   |   |                               |                               | F                 | <b>E</b> ATE | FEE                    |                              | RATE             | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. =  | . = \$ 150 LARGE ENT. =                     |                               | ENT. = \$ 300                 | BASI              | C FEE        |                        | OR                           | BASIC FEE        |                        |
| EXAMINATION FEE  |  |   | Satisfies PCT Artic                                     |   |                               | er situations =               | EXAN              | 1. FEE       | ·                      |                              | EXAM. FEE        |                        |
| SEAF   | CH FEE   |   | U.S. is ISA = \$ 5<br>ALL other count<br>\$ 200 / \$ 40 | = \$ 50 / \$ 100<br>r countries = ALL other |                               | ner situations = 250 / \$ 500 | SEAF              | CH FEE       |                        |                              | SEARCH FEE       |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   |   | ninus 100 = / 50 =                          |                               |                               | X                 | X \$ 125 =   |                        |                              | .X \$ 250 =      |                        |
| TOTAL CHARGEABLE CLAIMS 3, minus 20 = .                                  |  |   |   | *   | /2 ·X \$ 25                   |                               |                   | 300          | OR                     | X \$ 50 =                    |                  |                        |
| INDEPENDENT CLAIMS   minus 3 =   |  |   |   | nus 3 =                                     | *                             | •                             | X                 | 100 =        |                        | OR                           | X \$ 200 =       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |   |   |                               | + \$                          | 180 =             |              | OR                     | + \$ 360 =                   |                  |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |   |   | umn 2                         | T                             | OTAL              |              | OR                     | · TOTAL                      |                  |                        |
| -  | (  | (Column 1)                                      | AMENDED   | (Colu                                       | mn 2)<br>HEST                 | (Column 3)                    |                   | SMALL E      | ADDI-                  | OR                           | OTHER<br>SMALL E | NTITY<br>ADDI-         |
| AMENÒMENT A.   |  | REMAINING<br>AFTER<br>AMENDMENT                 |   | PREVI                                       | MBER .<br>OUSLY<br>FOR        | PRESENT<br>EXTRA              | 1                 | RATE         | TIONAL<br>FEE          |                              | RATE             | TIONAL<br>FEE          |
|  | Total  | *   | Minus   | **  |                               | =                             | ×                 | \$ 25 =      | ·<br>                  | OR                           | X \$ 50 =        |                        |
| MEN  | Independent                                    | * .   | Minus   | ***   |                               | =                             | ×                 | \$ 100 =     |                        | OR                           | X \$ 200 =       |                        |
| ٩  | FIRST PRES                                     | ENTATION OF N                                   | ULTIPLE DEPE  | NDENT                                       | CLAIM                         |                               | + :               | \$ 180 =     |                        | OR                           | + \$ 360 =       |                        |
| TOTAL ADDIT. OR TOTAL A  |  |   |   |   |                               |                               |                   |              |                        | TOTAL ADDIT.<br>FEE          |                  |                        |
|  |  |   | •   |   | 2\                            | (Column 3)                    |                   |              | •                      |                              |                  |                        |
| AMENDMENT B  |  | (Column-1)  CLAIMS  REMAINING  AFTER  AMENDMENT |   | HIG<br>NUI<br>PREV                          | JMN 2) HEST MBER HOUSLY D FOR | PRESENT<br>EXTRA              |                   | RATE         | ADDI-<br>TIONAL<br>FEE |                              | RATE             | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus   | ••  |                               | =                             | X                 | \$ 25.=      |                        | OR                           | X \$ 50 =        | · .                    |
|  | Independent                                    | • .   | Minus   | ***   |                               | =                             | ×                 | \$ 100 =     |                        | OR                           | X \$ 200 =       |                        |
| ٤  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |   |                               | +                             | \$ 18Q =          |              | OR                     |                              |                  |                        |
| $\vdash$   |  | •   |   |   |                               |                               | TO                | FEE          |                        | OR                           | TOTAL ADDIT.     |                        |
|  |  |   |   |   |                               |                               |                   |              |                        |                              |                  |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.